

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Dr</i>		07-02-01
O.I.P.E. CLASSIFIER	<i>Dr</i>	72	7/11
FORMALITY REVIEW	<i>Dr</i>	1115	08-25-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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 5/16/01